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(Address)

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [if death occurred\_in St .: Ward) a hospital or Institution. give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, (Month) (Day) DEDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 915 that I last saw h.doord.. alive on ...... (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 3 A m 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... m!n. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State yrs. (State or country Where was disease contracted. If not at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

usual residence

20 UNDERTAKER

OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Bart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of \_ The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

stated EXACTLY. A PERMANENT

may be properly classified.

supplied.

RECORD

CAUSE OF

N.B.

1 PLACE OF DEATH

Tuaken Hees

2234

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

 S	ŧ.	 W	аг	d)
 _	•••		***	· /

It death occurred in a hospital or institution, give its NAME instead

*FULL NAME Geo. Broadwa	es
	-/-

(No ..

FULL NAME Les. 1000	adway
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, OR DIVDRED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended decessed from
(Month) (Day (Year)	that I last saw here alive on From 24 191
7 AGE  It LESS than 1 day,hrs. ORmin.?	snd that death occurred on the date stated above, st
(a) Trade, profession, or Harl hand.	( Complose
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 1s.
9 BIRTHPLACE (State or country) Leuf	Gontributory Secondary  (Guration) 7 yrs mos 44
10 NAME OF STORAGE AL	(Signed) Ohra P. Well hadand M. D.
11 BIRTHPLAGE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
a Maia Stares.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant) Is The TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Address) Chestertown F.D.3	Usual residence
Fred Mart 1915 Me No Hecks	29 UNDERTAKED ADDRESS RODRESS
REGISTRAR	Lenus La Word de 10 hostestours

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Caroin-

LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Cotlapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," For vio-

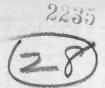


V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ACE should be stated EXACTLY. N. B.—Every Item CAUSE OF

1 PLACE OF DEATH

County



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME	re / C	OFFM	ran

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE MARRIEO, WIDOWED, ORDIVORCEO	16 DATE OF DEATH  (Month)  (Day  (Year)
J. W.	17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	tel 8 th 1915 to Lea 18 1915
(Month) (Day (Year)	that I last saw here allve on 200 8
7 AGE	and that death occurred on the date stated above, at the m.
2 Jyrs   mos 23ds   1 day,hrs.   0 Rmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION /	Muray Enteren Cores
(a) Trade, profession, or House Work	
(b) General nature of Industry, business, or establishment in	(Duration) yrs. 8 mgs. ds.
which employed (or employer)	Contribution
State or country) Leuf les Mus.	Secondary  (Paration) yrs mos ds
10 NAME OF FATHER MOGOFFMAN	(Signed) / C / M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother General augan Robinson	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS
OF MOTHER (State or country)/Ment Island.	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mobottman	Former or usual residence
(Address) Morton 1978	19 PLACE OF BURIAL OR BEMOVAL ALL DATE OF BURIAL
16 7/ 7 7 7 7	Weletota Murco & Flet al, 1915
File Th 3/1, 191 J. M. Swith	20 UNDERTAKER ADDRESS
REGISTRAR	sollas harvald le hestertour
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstilial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report



A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

B. No. 1.

15

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Co	Registration Dist. No. 201
Village or City Betterton (No	St; Ward)  Lead Company Company Control of the street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Single who were word (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Help   3   915     (Month)     (Year)     (Year)   (Year)	that I last saw h
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
(State or country) Maryland.	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF FATHER W. Clarence Crew,  11 BIRTHPLACE OF FATHER (State or country) Maryland.  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) W. S. Maywell , N. D. 2 13 ,1915 (Address) Sull Portol M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Selle Taylor (  13 BIRTHPLACE OF MOTHER (State or country)  ATHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  ATHEROPERATE  CONTROL  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs, mos ds. Where was disease contracted, It not at place of death? Former or
Betterton md	19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

RECISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaithful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary). 10 ds. cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

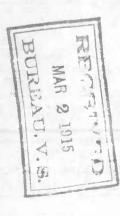
Ounty Rent 9	2237 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 202
VIIIage or City & Mestertown (No. 2) 2FULL NAME SWEET SEE	College Ave St.; Ward)  [It death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 6 Single, Marned Willowed, Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	Dae. 3 D, 191 4, to Fleb. 14, 1915; that I last saw h care alive on Fleb. 14, 1915.
7 AGE  8 2 yrs mos ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Tobar Common
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Buration) Jyrs mos s.
9 BIRTHPLACE (State or country)  10 NAME OF Philip Aliller	Secondary (Buration) yrs mos ds. (Signed) A 2
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At piace In the ot death yrs, mos, ds Where was disease contracted,
(Informant) Many Chuyer	If not at place ut death?  Former or usual residence
(Address) lekestes for Mysters 16 Filed Tib. 16, 1915 M. Alieks	Ofleterfour Med Flesh 1915  29 UNDERTAKER  OF BURIAL  PODRESS  OF BURIAL  PODRESS  OF BURIAL  PODRESS  OF BURIAL  PODRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional llue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for mailgture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal poritonitis," ctc. State cause for childbirth or misearriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



PHYSICIANS should state of OCCUPATION is very

carefully supplied. AGE should be stated EXACTLY. I that it may be properly classified. Exact statement

DEATH in plain terms, so that it masses of certificate.

Every Item of information should be CAUSE OF DEATH in plain terms, so

N. B.-

important.

RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

#### S. No. 1.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

St.;----Ward)

[If death occurred in a hospital or Institution, give its NAME instead ot street and number.]

FULL NAME OF THE	ww
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeusle Col. Single, Married, Married, Wisowed, ORDIVORCEO (Write the word)	(Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	2. 0.1.
Month) (Day (Year)	that I last saw halive on Alleuter 191
TAGE It LESS than	and that death occurred on the date stated above, at 25 A. m.
4 3 yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or	Cerebral apoplety
particular kind of work.  (b) General nature of industry, business, or establishment in	
which employed (or employer) Leneral Africal Voter,	(Duration) rs mos ds.
State or country) Suce a Country Mal	Gontributory Willies Withinson
10 NAME OF FATHER SAMES : Tallies	(Signed V rand (W Lingth, M. D.,
11 BIRTHPLACE 1. OF FATHER 1. (State or country)	Jel. 1 1915 (Address) Operation
The state of mother of the state of the stat	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER DE Q 3	TE LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place
(State or country) Succession	of death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS	If not at place of death?
(informant) & homes Warrick	Former or usual residence
(Address) Chesteladon	19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL
15	Chestertown mil Heb 10", 1915
Filed Alberto 1915- M. Mackes	20UNDERTAKER ADDRESS
Tocal REGISTRAR	logas I would loget to

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise spectmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yes.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvnisions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Meastes (Recommendatious on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for For VIO-



PERMANENT RECORD BINDING 4 MARGIN RESERVED FOR WRITE PLAINLY, WITH UNFADING INK-THIS

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSIGIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	2239 STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
Village or City framedyville (No. 7	St; Ward)    St; Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale Black Saingle, single Wisower, wisower, wisower, wisower, wisower, wisower, wisower, with the word)	(Month) (Day) (Year)
PDATE OF BIRTH  Seb 27 (Month) (Day) (Year)	that I last saw here allive on Dead 7 Miss
7-AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was:ab follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State-or-country)  **Lemmedy Ville**	(Doration) yrs. mos. d
ON 1 BIRTHPLACE OF FATHER  OF FATHER  OF FATHER  OF FATHER  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Many land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
Informant) (Address)	Where was disease contracted, If not at place of death?  Former or osual residence.  1.9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER ADDRESS STULL Pard

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.), CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But ln many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

scpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pureperal septichac-"Collapse." "Coma," "Convulsions," "Debility". ("Conample: Measles (disease causing death), 29 de.; cer" is less definite; avoid use of "Tumor" for maile ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of .... which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. nant ncopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," livays qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on book of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN Y. S. No. 1.

Village or City Mear Real Months	CERTIFICATE OF DEATH  Registration Dist. No. 203.  [If death occurred in a hospital or institution give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formula Total Single, Marrieo, Wildowse Ordinores Ordinores (Write the word)  8 DATE OF BIRTH  7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  8 OCCUPATION (a) Trade, profession, er particular kind ef work  (b) Beneral nature ef industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Torquise  10 NAME OF FATHER  (State or country) Torquise  11 BIRTHPLACE (State or country) Torquise	that I last saw here alive on Fell 2 says 1915.  and that death occurred on the date stated above, at 9 45° A m,
13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address Rock Hall RR  (Address Rock Hall RR  Filed 2/22, 1915 T. B. Durding.  REGISTRAR	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICINAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  Though Cessy Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as ness. If retired from business, that fact may be indishould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (dever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purreeral septicharinus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 2 1916
BUREAU, V.S.

PERMANENT RECORD

4

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

County County	2241 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 203
Village or City Malter H	St.; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	EDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Single, Married Williams Williams Of Married Williams Of Wil	(Month) (Day (Year)
Male MUTA ORDIVORCEO (Write the word)  8 DATE OF BIRTH	17 Silbac", 1915, to Melia tended deceased from
(Month) (Day (Year)	that I last saw h dock allve on FU26 1915
69 yrs 6 mos 17 ds 0R min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	apoplers,
(b) General nature of industry, business, or establishment in which employed (or employer)	(Optional company) (Optional com
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF SACOF LIES	(Signed) Practer O Selly, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Affilering Affice.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Vatherine Glessbie	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERVE
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of deathyrsmosds.
(Informant) True To The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?  Former or usual residence.
(Address) That tude Kent for May	Youngs four Theo Mich 2 11 , 1815
Flied 2/27, 1915. / B. Sunding REGISTAR	1211 as L Hodd Shothertown

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, \*(b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medleal Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichaecte, when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-Broughopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 2 1915 BURBAU, V.S.

County DOCK State Mut	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City (No) 2FULL NAME Randolph	St.; Ward)  [If death occurred in a hospital or institution, give its KAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Stugle  Manuel White Street  Wilder (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  14  I HEREBY CERTIFY, That I attended deceased from
Month (Day (Car)	that I last saw h Lew alive on HEL 2 1, 1915,
7 AGE  21 yrs 3 mos 28 ds OR min.?	and that death occurred on the date stated above, at 9107 m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work.  3 (b) General nature of industry, business, or establishment in Ouster-Tonger	Do not know Tome from  State Suratorum Fill (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Exposure - as per Secondary  (Duration) yrs mos ds.
OF FATHER  Moses  10 NAME OF FATHER  Moses  11 BIRTHPLACE OF FATHER  12 Moses  12 Moses  13 Moses  14 Moses  15 Moses  16 Moses  17 Moses  18 Mose	(Signed) The Denge Summons M. D.  Mch 1 , 1915 (Address) Chestertown mg
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  ELLUMA, FUNCTION	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Pa.	At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted.
(interment) When Legg.	If not at place of death?  Former or usual residence
16 Filed Mary 1915 West Acces	Wesley Chapel Rent 15th March 2, 1915
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Nulto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yes.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. causing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a dcfinite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," The 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Auaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asumple: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Causty Kent	CERTIFICATE OF DEATH
County	Registration Dist, No. 50
m. TI	- 5
Village or City Alluda (No	St.; Ward) [It death occ a hospital or In:
11	give its NAME of street and no
FULL NAME Mulliau	. Mason of street and the
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH + 1 579
mal cal widower. Markues or	(Month) (Day
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended decease
Land Consider	IN Chronical
(Month) (Day (Year)	that I last saw h alive on Allelle sie
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 2 6
Muscarmos ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, protession, or particular kind of work	- Oracac-asismo
2(b) General nature of Industry,	
business, or establishment in which employed (or employed	(Duration) X yrs mos.
9 BIRTHPLACE (State or country)	Contributory Olionie Uphil
- Thous acound	(Duration) Pyrs 6 mos
10 NAME OF FATHER	(Signey) Transce Touch
M 11 BIRTUPLACE	- Jakost - Ohad land
11 BIRTUPLACE OF FATHER (State or country) (12 MAIDEN NAME OF MOTHER	*State the Dispuse Carrying Printing of the
M 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from V CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER MARRIEDO	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TOAT
13 BIRTHPLAGE OF MOTHER	OR RECENT RESIDENTS) At place in the
(State or country)	ot death yrs mos ds. State yrs, mos.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Marsha Diason	Former or usual residence
(Address) Meorlose	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
ADDIESS)	Melitato Fet 5
Filed 7 1915 Mouth	20 UNDERTAKER APORESS
REGISTRAR	1. 7- Theology lowester
If more blanks are needed, address State Regi	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers minc, etc. fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton milt; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uenveral peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fraetnre of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



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	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	of information should be carefully supplied. AGE should be stated EXACTLY. PHY DEATH in plain terms, so that it may be properly classified. Exact statement of see instructions on back of certificate.
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	SIS	ould
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	NIC	supp may
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	7	So to
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CORD

2244 STATE OF MARYLAND 1 PLACE OF DEATH · CERTIFICATE OF DEATH Registration Dist. No. 202 [If death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH LOR OR RACE MARRIEO. 1910 WIDOWED, Write the word (Month) (Day (Year) attended deceased from 6 DATE OF BIRTH (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day, ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 PUNDERTAKER ADDRES REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the hisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Thysician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): "uberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal schichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERVERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnenmonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measics (disease eausing death), 29 (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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I		should ION Is
	RECORD	PHYSICIANS of OCCUPATI
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	-THIS IS A	GE should be si perly classified.
	ADING INK-	Every Item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be pro important. See instructions on back of certificate.
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NO. 1.	WRI	y item of SE OF Di ortant. See
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N. W.

2245

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 203

St.;.....Ward)

Village or	city Rock	Hallno.

'PLACE OF DEATH

[If death occurred in a hospital or Institution,

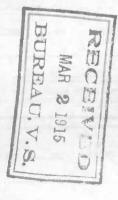
* FULL NAME Sthel Julia	Muser give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Office (Write the word)	16 DATE OF DEATH  Tel 18  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  July 27, 18924  (Month) (Day) (Year)	that I last saw have allow on southat day 1915
7 AGE  2 0 yrs. 6 mos. 2 / ds. 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, protession, ar House Meddle particular kind e1, work	Morculosis
(b) Beneral nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 6 mos ds
(State or country) Kent Co Tuer	(Secondary) (Duration)
on 11 BIRTHPLACE	(Signed) Mian W Deall, M. O. Lel 19, 1915 (Address) Rock Heall and
OF FATHER (State or country) / Lend - O Head	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Kent Co Gne	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) The Murroy	Where was disease contracted, at home it not at place of death?  Former or  Tank lea had
(Address) Rock Have mae	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  D)
Filed 2/20, 1915 7 B. Sarding. REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed address State Designation	Tho-H Casey Rock Hall

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative realthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death of cause the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonacum, etc.. Carcinosis of lungs, meninges, perifonacum, etc.. Carcinospical death of the death of

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "PURRPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y. S. No. 1.

N. B.

PLACE OF DEATH  County Ment  Village or City Ditelitary (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20  [If death occurred   a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  2 3 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE    Month   Dec   7   9   1   1   1   1   1   1   1   1   1	that I last saw her allycon # 2 1915  and that death occurred on the date stated above, at 3.30 pm  The GAUSE OF DEATH * was as follows:
**CCUPATION  (a) Trade, profession, or particular kind of work	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Went Co Md	(Secondary)  (Doration)  (Doration)  (Doration)  (Doration)
FATHER Thurst Redding  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Still Land	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

RECISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purrerral septicharetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For VIO-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

1 PLACE OF DEATH	2247 STATE OF MARYLAND
County Kinst-	CERTIFICATE OF DEATH Registration Dist. No
Village or City Melatolo (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Many NEED	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jumble Colored (Stingle, Marked, Widowed, ORDIVERCED) (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Self- 6, 1848	HEREBY CERTIFY, That I attended deceased from 23, 1914, to 26, 1915,
(Month) (Day) (Year)  7 AGE  If LESS than 1 day,	and that death occurred on the date stated above, at //~ 300, m, The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH was as follows:
parficular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.
(State or country)  10 NAME OF FATHER  INTERM— COSMIGNES  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residence (For Hospitals, Institutions, Transients, or Recent Residents)  Af place In the of death yrs, mos, ds.  Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE	If not at place of death?  Former or usual residence
(Address) Mostum 18 15 Filed Feb. 20, 1915 F. M. Smith	Melitota Md Date of Burial  Melitota Md Diele 20,181.5
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. N. J.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typboid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is Indefinite); Tubercutoris of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." genital," "Senife," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. Never report ter" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 2 1915
BUJGAU, V.S.

}	RECORD
	PERMANENT
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	15
	INK-THIS IS
)	INK
	H UNFADING
	WITH
	PLAINLY,
}	WRITE

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLAGE OF DEATH	2248 STATE OF MARYLAND
County Cent	CERTIFICATE OF DEATH
2 1	Registration Dist. No. 2
Village or City Millington (No.	St.; Ward) [If death occurred in a hospital or institution,
The state of the s	give its NAME Instead of street and number.]
FULL NAME	ciecs
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Felo // 1055
Male Colored WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	170 I HEREBY CERTIFY, That I attended deceased from
Muknown!	Jan 23 1915, to TEL 11 1915,
(Month) (Day) (Year)	that I last saw h. dem. alive on JEb 10 ,1915
7 AGE If LESS than	and that death occurred on the date stated above, atm,
1 day,hrs. orhrs.	The CAUSE OF DEATH * was as follows:
BOCCUPATION	(Inchase) The po
(a) Trade, profession, or particular kind of work	curio apoper
(b) General nature of Industry,	
business, or establishment in Hanne Labor which employed (or employer)	(Duration) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country)	(Secondary)
1100	Dilectation (Duration) myrs mos ds.
10 NAME OF Jones Brown	(Signey) Herbert Bales, M. D.
11 BIRTHPLACE	111 (Address) Millington Md
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SHARMON OF THE STATE OF T
& 12 MAIDEN NAME PRINTER POTT	TAIL, SUICIDAL, OF HUMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Sara Jeffers daughte	If not at place of death?
made the mili	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)/Mulikagim Ind.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FER 1 2 1915 ( )	20 UNDERTAKEN ADDRESS
Filet 191 August OWN	ADDRESS MALL
If more blanks are needed, address State Regis trar, 6	B Franklin St. Balto Requesting V S No.
	medicality of S. 140, 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrement septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ment neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," '(name origin; "Can Examples:



V. S. No. 1.

N. W.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Important. See instructions on back of certificate. -Every Item of Information should be CAUSE OF DEATH in plain terms, s.

1	PLACE OF DEATH
	Mont
44	18/11/1

2249

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Purey neck.	Registration Dist, No. 223
Village or City (No	St.; Ward)  St.; Ward)  If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tebuale Heles, (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 A   hereby Certify, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day  (Year)	100. 15 , 1916, to Bull 6", 1915, that I last saw h 12 alive on Bull 16", 1915-
7 AGE  1 LESS than 1 day, hrs. 0 mos 29 ds. OR min.?	and that death occurred on the date stated above, at 10 4, m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Secural debility  Getheus time  (Duration) yrs. 2 mas. 15 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER fas Page Weekes  11 BIRTHPLACE OF FATHER (State or country) Kent Co. Mid.  W 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory Secondary  (Signed)  (S
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, It not at place of death?  Former or
(Address) Rock Hall Heat Co Well  15 Filed 2/19 , 1910 TB. Durding REGISTAGE	19 PLACE OF BURIAL OR REMOVAL  SHARES KELL S MY SEL 9, 1915  29 UNBERTAKEN ADDRESS  CHULL A NORTH CONTROL OF BURIAL  AND CONTROL OF BURIAL  A

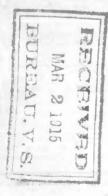
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

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MARGIN RESERVED FOR BINDING

V. S. No. 1.

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PLAGE OF DEATH  County	2250 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mary & Mary & M	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fleuale 4 COLOR OR RACE 5 SINGLE, MARRIED, Marnied, WIDOWED, OR DIVORCEO (Write the word)  6 DATE OF BIRTH  Le 1041, 850	16 DATE OF DEATH  (Month) (Day (Year)  17 1 hereby Certify, That I attended deceased from  (Month) (Day (Year)  17 1 hereby Certify, That I attended deceased from  (Month) (Day (Year)  (Year)  (Month) (Day (Year)  (Year)
TAGE  (Month) (Day (Year)  (Year)  If LESS than t day,hrs.  ORmin.?	and that death occurred on the date stated above, at 4-20-m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Ory siplas of Life of Secondary  (Duration) yrs mos 2/ds.
10 NAME OF FATHER Audrew Hauteux  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Enumbly. Summons	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  ROCK Hall CHA	At place of death 9 yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, ff not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Wesle, Chafel Leif Heb. 7, 191.5  20 UNDERTAKED
Fited 1912 REGISTRAR	Chas hooded le hestestown

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise spectstatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," As examples: "Foreman,"

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MAR 2 1915 BURLLAU. V.S. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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DEATH in plain terms, so that it masses instructions on back of certificate.

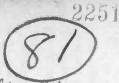
N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s. WRITE

Important.

RECORD

V. S. No. 1.

1 DI ACE OF DEATH



#### STATE OF MADVI AND

	- Inda of Banth	> / STATE OF MARTEAND		
Co	unty Ment?	CERTIFICATE OF DEATH		
	that I 1 - Man	Registration Dist. No. 202		
Vil	lage or City No. No. No.	St.; Ward) [It death occurred in a hospital or institution,		
FULL NAME James Forward Watter give its NAME instead of street and number.]				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 5	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED ORDINGRED (Write the word)	16 DATE OF DEATH  (Month)  (Year)		
6 D	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from		
	(Month) (Day (Year)	that I last saw halive on Ithulian 191		
7 A		and that death occurred on the date stated above, at 530 A-m.		
	yrs o mos ds. or min.?	The CAUSE OF DEATH* was as follows:		
(a	CCUPATION ) Trade, protession, or rticular kind of work			
4(6)	General nature of industry, iness, or establishment in ch employed (or employer)	(Ouration) 5 yrs mos ds.		
	(State or country) Scent Co and	Gontributory Secondary		
	10 NAME OF Sed Watts.	(Signer) Translet Lyngth Organia. 0.		
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT		
PAR	12 MAIDEN NAME OF MOTHER WILL MANDE	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	13 BIRTHPLACE OF MOTHER (State or Joyntry) Williams W	At place in the ot death yrs mos ds. State yrs mos ds		
	(Interment) State TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence		
	(Address) Worton 3.	19 PLACE OF BURIAL OR REMOVAL JUST DATE OF BURIAL		
15	July ms Or Male	29 UNDERTAKER N MOBBESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

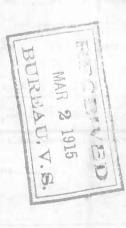
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. tication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b)cases, especially in Industrial employments, it is nec-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mitl; (a) Satesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defluite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. vatvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal schtichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



MARGIN RESERVED FOR BINDING

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Least . Week Island	2252 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 203.			
Villags or City (No. St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)  17			
6 DATE OF BIRTH  Selst 8  (Mouth) (Day (Year)	Heb 7 , 1915 7, to Free 12 , 1915 7, that I last saw hazar alive on Free 12 , 1915 7			
7 AGE  If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:			
(a) Trada, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	Spephococcie infection of R. Frool- (Ouration) yrs mos 2/ ds.			
which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Fraction vrs. mos. 2/ds			
on 11 BIRTHPLACE	(Signed) Italian It Beall, N. D. Hele S. 1915 (Address) Rock Heall			
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 5 in the fraction of death 25 yrs, mos. ds.  State fractions of the fraction o			
(Informant) Le. Hord.	Where was disease contracted, If not at place of death?  Former or usual residence.  The latest transfer.			
(Address) Coex Stall Md, Fr.S.	Hesley Chapel Kent lo med File 15, 1915			
Filed 2/15 1915 / D. Drunding REGISTRAN	Quality And Chestertown			

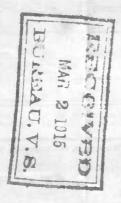
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speeistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid deumonia"); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medleal Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerreral septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

yery	PLACE OF DEATH  County Lew 65	2253 STATE OF MARYLAND CERTIFICATE OF DEATH
PHYSICIANS should of OCCUPATION IS	Village or City Galaria (No. )	Registration Dist, No.  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY it stateme	Famale While Single, Married, Willowers, Or Divorced (Write the word)	16 DATE OF DEATH  2 2/ ,191.5-  (Month) (Day (Year)  17   hereby Certify, That I attended deceased from
ed. Exac	6 DATE OF BIRTH  8 26 , 1 7 5 8 (Month) (Day (Year)	that I last saw here allow on Felon 2/24, 1915-
should by classiff	7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 11,30 a.m., The CAUSE OF DEATH* was as follows:
. AGE properi	(a) Trade, profession, or particular kind of work	Eleval nuistrage
supplied.	(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory general fairalysis Secondary
be carefully su t, so that it m ik of certificate.	(State or country)  10 NAME OF FATHER  11 BIRTHPLACE  (State or country)  (Marchael Country)  11 BIRTHPLACE	(Signed) John H. Latiner, M. D. 2-23, 1915 (Address) Ealena, M. d.
n should be lain terms, ns on back	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
nformation ITH in plain instructions	13 BIRTHPLACE OF MOTHER (State or country)  Of Mother (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted,
See See	(Informant) Mrs. Ges. Oldham.	It not at place of death?————————————————————————————————————
Every item CAUSE OF Important.	(Address) Galeria Md.  File EB 22 1915, Julian Darn	PEACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKEN DATE OF BURIAL
ž (	If more blanks are needed, address State Register	rar 6 B. Branklin St. Ballo Requestrer V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Deaier," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative heaithfui-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuksis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," thenia," "Anaemia" (mcrely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. eause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioete., when a definite discase can be ascertained as the The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendatious on statement of etc. State cause for

